

The background of the cover is a solid blue color. Overlaid on this background are large, semi-transparent, light blue letters. A large 'Q' is positioned in the upper left, a large 'A' is in the lower right, and another large 'A' is in the center, partially obscured by the text.

Frequently Asked Questions About Alcoholism and Alcohol Abuse

National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health

FAQs

About Alcoholism and Alcohol Abuse

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Is alcoholism inherited? How can I get someone into treatment who is unwilling to go for help? Answers to these and other frequently asked questions on alcoholism and alcohol abuse are provided in this booklet. We hope this information will help you better understand how alcohol affects the body and what to do if you or someone you love has a problem with alcohol. This information is not intended to take the place of medical advice. If you or someone close to you has a drinking problem, we encourage you to talk with your doctor or other health care provider.



1. What is alcoholism?

Alcoholism, also known as alcohol dependence, is a disease that includes the following four symptoms:

- Craving—A strong need, or urge, to drink.
- Loss of control—Not being able to stop drinking once drinking has begun.
- Physical dependence—Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety after stopping drinking.
- Tolerance—The need to drink greater amounts of alcohol to get “high.”



2. Is alcoholism a disease?

Yes, alcoholism is a disease. The craving that an alcoholic feels for alcohol can be as strong as the need for food or water. An alcoholic will continue to drink despite serious family, health, or legal problems.

Like many other diseases, alcoholism is chronic, meaning that it lasts a person's lifetime; it usually follows a predictable course; and it has symptoms. The risk for developing alcoholism is influenced both by a person's genes and by his or her lifestyle.



3. Is alcoholism inherited?

Research shows that the risk for developing alcoholism does indeed run in families. The genes a person inherits partially

explain this pattern, but lifestyle is also a factor. Currently, researchers are working to discover the actual genes that put people at risk for alcoholism. Your friends, the amount of stress in your life, and how readily available alcohol is also are factors that may increase your risk for alcoholism.

But remember: Risk is not destiny. Just because alcoholism tends to run in families doesn't mean that a child of an alcoholic parent will automatically become an alcoholic too. Some people develop alcoholism even though no one in their family has a drinking problem. By the same token, not all children in alcoholic families get into trouble with alcohol. Knowing you are at risk is important, though, because then you can take steps to protect yourself from developing problems with alcohol.



4. Can alcoholism be cured?

No, alcoholism cannot be cured at this time. Even if an alcoholic hasn't been drinking for a long time, he or she can still suffer a relapse. To guard against a relapse, an alcoholic must continue to avoid all alcoholic beverages.



5. Can alcoholism be treated?

Yes, alcoholism can be treated. Alcoholism treatment programs use both counseling and medications to help a person stop drinking. Most alcoholics need help to recover from their disease. With support and treatment, many people are able to stop drinking and rebuild their lives.



6. Which medications treat alcoholism?

A range of medications is used to treat alcoholism. Benzodiazepines (Valium®, Librium®) are sometimes used during the first days after a person stops drinking to help him or her safely withdraw from alcohol. These medications are not used beyond the first few days, however, because they may be highly addictive. Other medications help people remain sober. One medicine used for this purpose is naltrexone (ReVia™). When combined with counseling, naltrexone can reduce the craving for alcohol and help prevent a person from returning, or relapsing, to heavy drinking. Another medication, disulfiram (Antabuse®), discourages drinking by making the person feel sick if he or she drinks alcohol.

Though several medications help treat alcoholism, there is no “magic bullet.” In other words, no single medication is available that works in every case and/or in every person. Developing new and more effective medications to treat alcoholism remains a high priority for researchers.



7. Does alcoholism treatment work?

Alcoholism treatment works for many people. But just like any chronic disease, there are varying levels of success when it comes to treatment. Some people stop drinking and remain sober. Others have long periods of sobriety with bouts of relapse. And still others cannot stop drinking for any length of time. With treatment, one thing is clear, however: the longer a person abstains from alcohol, the more likely he or she will be able to stay sober.



8. Do you have to be an alcoholic to experience problems?

No. Alcoholism is only one type of an alcohol problem. Alcohol abuse can be just as harmful. A person can abuse alcohol without actually being an alcoholic—that is, he or she may drink too much and too often but still not be dependent on alcohol. Some of the problems linked to alcohol abuse include not being able to meet work, school, or family responsibilities; drunk-driving arrests and car crashes; and drinking-related medical conditions. Under some circumstances, even social or moderate drinking is dangerous—for example, when driving, during pregnancy, or when taking certain medications.



9. Are specific groups of people more likely to have problems?

Alcohol abuse and alcoholism cut across gender, race, and nationality. Nearly 14 million people in the United States—1 in every 13 adults—abuse alcohol or are alcoholic. In general, though, more men than women are alcohol dependent or have alcohol problems. And alcohol problems are highest among young adults ages 18–29 and lowest among adults ages 65 and older. We also know that people who start drinking at an early age—for example, at age 14 or younger—greatly increase the chance that they will develop alcohol problems at some point in their lives.



10. How can you tell if someone has a problem?

Answering the following four questions can help you find out if you or a loved one has a drinking problem:

- Have you ever felt you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

One “yes” answer suggests a possible alcohol problem. More than one “yes” answer means it is highly likely that a problem exists. If you think that you or someone you know might have an alcohol problem, it is important to see a doctor or other health care provider right away. They can help you determine if a drinking problem exists and plan the best course of action.



11. Can a problem drinker simply cut down?

It depends. If that person has been diagnosed as an alcoholic, the answer is no. Alcoholics who try to cut down on drinking rarely succeed. Cutting out alcohol—that is, abstaining—is usually the best course for recovery. People who are not alcohol dependent but who have experienced alcohol-related problems may be able to limit the amount they drink. If they can't stay within those limits, they need to stop drinking

altogether. Question 13 addresses the issue, “What is a safe level of drinking?”

12. If an alcoholic is unwilling to get help, what can you do about it?

This can be a challenge. An alcoholic can't be forced to get help except under certain circumstances, such as a violent incident that results in court-ordered treatment or a medical emergency. But you don't have to wait for someone to “hit rock bottom” to act. Many alcoholism treatment specialists suggest the following steps to help an alcoholic get treatment:

- *Stop all “cover ups.”* Family members often make excuses to others or try to protect the alcoholic from the results of his or her drinking. It is important to stop covering for the alcoholic so that he or she experiences the full consequences of drinking.
- *Time your intervention.* The best time to talk to the drinker is shortly after an alcohol-related problem has occurred—like a serious family argument or an accident. Choose a time when he or she is sober, both of you are fairly calm, and you have a chance to talk in private.
- *Be specific.* Tell the family member that you are worried about his or her drinking. Use examples of the ways in which the drinking has caused problems, including the most recent incident.
- *State the results.* Explain to the drinker what you will do if he or she doesn't go for help—not to punish the drinker, but to protect yourself from his or her problems. What you

say may range from refusing to go with the person to any social activity where alcohol will be served, to moving out of the house. Do not make any threats you are not prepared to carry out.

- *Get help.* Gather information in advance about treatment options in your community. If the person is willing to get help, call immediately for an appointment with a treatment counselor. Offer to go with the family member on the first visit to a treatment program and/or an Alcoholics Anonymous meeting.
- *Call on a friend.* If the family member still refuses to get help, ask a friend to talk with him or her using the steps just described. A friend who is a recovering alcoholic may be particularly persuasive, but any person who is caring and nonjudgmental may help. The intervention of more than one person, more than one time, often is necessary to coax an alcoholic to seek help.
- *Find strength in numbers.* With the help of a health care professional, some families join with other relatives and friends to confront an alcoholic as a group. This approach should only be tried under the guidance of a health care professional who is experienced in this kind of group intervention.
- *Get support.* It is important to remember that you are not alone. Support groups offered in most communities include Al-Anon, which holds regular meetings for spouses and other significant adults in an alcoholic's life, and Alateen, which is geared to children of alcoholics. These groups help family members understand that they are not responsible for an alcoholic's drinking and that they need to take steps to take care of themselves, regardless of whether the alcoholic family member chooses to get help.

Question 19 offers contact information for these resources and others.



13. What is a safe level of drinking?

For most adults, moderate alcohol use—up to two drinks per day for men and one drink per day for women and older people—causes few if any problems. (One drink equals one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80 proof distilled spirits.)

Certain people should not drink at all, however:

- Women who are pregnant or trying to become pregnant
- People who plan to drive or engage in other activities that require alertness and skill (such as using high-speed machinery)
- People taking certain over-the-counter or prescription medicines
- People with medical conditions that can be made worse by drinking
- Recovering alcoholics
- People younger than age 21.



14. Is it safe to drink during pregnancy?

No, drinking during pregnancy is dangerous. Alcohol can have a number of harmful effects on the baby. The baby can

be born mentally retarded or with learning and behavioral problems that last a lifetime. We don't know exactly how much alcohol is required to cause these problems. We do know, however, that these alcohol-related birth defects are 100-percent preventable, simply by not drinking alcohol during pregnancy. The safest course for women who are pregnant or trying to become pregnant is not to drink alcohol at all.



15. Does alcohol affect older people differently?

Alcohol's effects do vary with age. Slower reaction times, problems with hearing and seeing, and a lower tolerance to alcohol's effects put older people at higher risk for falls, car crashes, and other types of injuries that may result from drinking.

Older people also tend to take more medicines than younger people. Mixing alcohol with over-the-counter or prescription medicines can be very dangerous, even fatal. More than 150 medicines interact harmfully with alcohol. (See Question 18 for more information.) In addition, alcohol can make many of the medical conditions common in older people, including high blood pressure and ulcers, more serious. Physical changes associated with aging can make older people feel "high" even after drinking only small amounts of alcohol. So even if there is no medical reason to avoid alcohol, older men and women should limit themselves to one drink per day.



16. Does alcohol affect women differently?

Yes, alcohol affects women differently than men. Women become more impaired than men do after drinking the same amount of alcohol, even when differences in body weight are taken into account. This is because women's bodies have less water than men's bodies. Because alcohol mixes with body water, a given amount of alcohol becomes more highly concentrated in a woman's body than in a man's. In other words, it would be like dropping the same amount of alcohol into a much smaller pail of water. This is why the recommended drinking limit for women is lower than for men. (See Question 13 for recommended limits.)

In addition, chronic alcohol abuse takes a heavier physical toll on women than on men. Alcohol dependence and related medical problems, such as brain, heart, and liver damage, progress more rapidly in women than in men.



17. Is alcohol good for your heart?

Studies have shown that moderate drinkers—men who have two or less drinks per day and women who have one or less drinks per day—are less likely to die from one form of heart disease than are people who do not drink any alcohol or who drink more. It's believed that these smaller amounts of alcohol help protect against heart disease by changing the blood's chemistry, thus reducing the risk of blood clots in the heart's arteries.

If you're a nondrinker, however, you should not start drinking solely to benefit your heart. You can guard against heart disease by exercising regularly and eating foods that are low in fat. And if you are pregnant, planning to become pregnant, have

been diagnosed as alcoholic, or have another medical condition that could make alcohol use harmful, you should not drink.

If you can safely drink alcohol and you choose to drink, do so in moderation. Heavy drinking can actually increase the risk of heart failure, stroke, and high blood pressure, as well as cause many other medical problems, such as liver cirrhosis.



18. When taking medicines, must you stop drinking?

Possibly. More than 150 medicines interact harmfully with alcohol. These interactions may result in increased risk of illness, injury, and even death. Alcohol's effects are heightened by medicines that depress the central nervous system, such as sleeping pills, antihistamines, antidepressants, anti-anxiety drugs, and some painkillers. In addition, medicines for certain disorders, including diabetes, high blood pressure, and heart disease, can have harmful interactions with alcohol. If you are taking any over-the-counter or prescription medications, ask your doctor or pharmacist if you can safely drink alcohol.



19. How can a person get help for an alcohol problem?

There are many national and local resources that can help. The National Drug and Alcohol Treatment Referral Routing Service provides a toll-free telephone number, (800) 662-HELP, offering various resource information. Through this service, you can speak directly to a representative

concerning substance abuse treatment, request printed material on alcohol or other drugs, or obtain local substance abuse treatment referral information in your State.

Many people also find support groups a helpful aid to recovery. The following list includes a variety of resources:

Al-Anon Family Group Headquarters, Inc.

1600 Corporate Landing Parkway

Virginia Beach, VA 23454-5617

Phone: (757) 563-1600; Fax: (757) 563-1655

Email: WSO@al-anon.org

Internet address: <http://www.al-anon.alateen.org>

Al-Anon Family Group Headquarters makes referrals to local Al-Anon groups, which are support groups for spouses and other significant adults in an alcoholic person's life. It also makes referrals to Alateen groups, which offer support to children of alcoholics. Free informational materials and locations of Al-Anon or Alateen meetings worldwide can be obtained by calling the toll-free number (888) 425-2666 from the United States or Canada, Monday through Friday, 8 a.m.–6 p.m. (e.s.t.).

Alcoholics Anonymous (AA) World Services

475 Riverside Drive, 11th Floor

New York, NY 10115

Phone: (212) 870-3400; Fax: (212) 870-3003

Email: via AA's Web site

Internet address: <http://www.alcoholics-anonymous.org>

AA World Services makes referrals to local AA groups and provides informational materials on the AA program. Many cities and towns also have a local AA office listed in the telephone book. *All communication should be directed to AA's*

mailing address: AA World Services, Inc., Grand Central Station, P.O. Box 459, New York, NY 10163.

National Council on Alcoholism and Drug Dependence (NCADD)

20 Exchange Place, Suite 2902

New York, NY 10005

Phone: (212) 269-7797; Fax: (212) 269-7510

HOPE LINE: (800) NCA-CALL (24-hour Affiliate referral)

Email: national@ncadd.org

Internet address: <http://www.ncadd.org>

NCADD provides phone numbers of local NCADD Affiliates (who can supply information on local treatment resources) via the above toll-free, 24-hour HOPE LINE. In addition, NCADD offers and disseminates educational materials and information on alcoholism and other drug dependency.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

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Bethesda, MD 20892-7003

Phone: (301) 443-3860; Fax: (301) 480-1726

Email: niaaaweb-r@exchange.nih.gov

Internet address: <http://www.niaaa.nih.gov>

NIAAA makes available free information on all aspects of alcoholism, including the effects of drinking during pregnancy, alcohol use and the elderly, and help for cutting down on drinking.

Additional Reading

Alcoholism: Getting the Facts—describes what alcoholism and alcohol abuse are and offers useful information on when and where to seek help. English version: NIH Publication Number 96-4153; Spanish version: NIH Publication Number 99-4153-S.

Alcohol: What You Don't Know Can Harm You—provides information on drinking and driving, alcohol-medication interactions, interpersonal problems, alcohol-related birth defects, long-term health problems, and current research issues. English version: NIH Publication Number 99-4323; Spanish version: NIH Publication Number 99-4323-S.

How to Cut Down on Your Drinking—presents tips for those who are acting on medical advice to reduce their alcohol consumption. English version: NIH Publication Number 96-3770; Spanish version: NIH Publication Number 96-3770-S.

Make a Difference: Talk to Your Child About Alcohol—offers guidance to parents and caregivers of young people ages 10 to 14 on preventing underage drinking. English version: NIH Publication Number 00-4314; Spanish version: NIH Publication Number 00-4314-S.

To order, write to: National Institute on Alcohol Abuse and Alcoholism, Publications Distribution Center, P.O. Box 10686, Rockville, MD 20849-0686. The full text of all of the above publications are available on NIAAA's Web site (<http://www.niaaa.nih.gov>).

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